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CONFIRMATION NO. 6676

<b>SERIAL NUMBER</b> 10/074,532	<b>FILING OR 371(c) DATE</b> 02/11/2002 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> DI-5774
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## APPLICANTS

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**\*\* CONTINUING DATA \*\*\*\*\***  
*nm*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*nm*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

**\*\* 03/08/2002**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 3	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

## ADDRESS

29200

## TITLE

Dialysis connector and cap having an integral disinfectant

<b>FILING FEE RECEIVED</b> 1734	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
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